



City of Springfield

225 Fifth Street

Springfield, Oregon 97477

Ph: (541)726-4652 Fax: (541)726-4614

An Affirmative Action/Equal Opportunity Employer

Please Print

- Volunteer
Teen Volunteer
Intern
Contracted Labor

Name [ ]

Last First Full Middle

Address [ ]

City State Zip

Mailing Address (if different) [ ]

City State Zip

Preferred Phone / Type [ ] Secondary Phone / Type [ ]

DOB [ ] Driver License # [ ] State [ ] E-Mail [ ]

Have you ever been convicted of a criminal act? [ ] Yes [ ] No

Have you ever been employed by the City of Springfield employee? [ ] Yes [ ] No

Please provide a brief statement explaining why you are interested in volunteering with the City of Springfield.

[ ]
[ ]
[ ]
[ ]

Days/times you are available to volunteer: Mon [ ] Tue [ ] Wed [ ]

Thurs [ ] Fri [ ] Sat [ ] Sun [ ]

Special Events [ ]

How many hours are you able to commit to volunteering each week? Click for choices [ ]

How long can you commit to volunteering? Click for choices [ ]

Do you want to volunteer in additional areas in the future? [ ] Yes [ ] No

May we contact you regarding other opportunities? [ ] Yes [ ] No

INTERNSHIP COOPERATIVE WORK EXPERIENCE

Are you applying to earn a high school or college credit through volunteering? [ ] Yes [ ] No

Name of school and program: [ ]

How many hours per week are required? [ ] Total hours are required? [ ]

SCHOOL HISTORY

Do you have a high school diploma or equivalency?  Yes  No School:

List all schools attended and their location	Credits Completed	Type of degree earned	Course of study
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

VOLUNTEER OPPORTUNITIES

If you have any special skills/talents to offer, please mark the box in front of each relevant area below

- |   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> Desktop Publishing         | <input type="checkbox"/> Landscaping          | <input type="checkbox"/> Research                   | <input type="checkbox"/> Citizen Patrol                |
| <input type="checkbox"/> Event Planning             | <input type="checkbox"/> Photography          | <input type="checkbox"/> Fire and Life Safety       | <input type="checkbox"/> Library                       |
| <input type="checkbox"/> Filing                     | <input type="checkbox"/> Proofreading/Editing | <input type="checkbox"/> Vehicle Maintenance/Fleet  | <input type="checkbox"/> Phone Calling                 |
| <input type="checkbox"/> Customer Service/Reception | <input type="checkbox"/> Fundraising          | <input type="checkbox"/> Public Relations/Publicity | <input type="checkbox"/> Writing (newsletter articles) |
| <input type="checkbox"/> Data Entry/Typing          | <input type="checkbox"/> Grant writing        | <input type="checkbox"/> Recruiting                 | <input type="checkbox"/> Other                         |

Typing speed WPM. Can you operate a computer?  Yes  No Which software programs can you operate proficiently?

- Microsoft Word  Microsoft Access  Microsoft Power Point  Microsoft Publisher

Other software programs you can operate:

What position/Department are you applying to work within?

Do you speak, read or write a language other than English fluently?  Yes  No

If yes, which language(s) do you speak     Read  Write

Read  Write

Read  Write

How did you learn about the Volunteer Program? Click for choices

EMPLOYMENT HISTORY

Are you retired?  Yes  No If yes, occupation you retired from:

Are you currently employed?  Yes  No

Are you seeking employment ?  Yes  No  If yes,  part-time  full-time

Please document your recent employment below. Attaching a resume to your completed application is encouraged but not required.

Employer:  Supervisor's Name:

Employer Address:  Employer Phone Number:

Job Title:

Dates of Employment From: month/year  To: month/year

Duties:

Reason for leaving:   Currently employed/have not left employment

Employer:  Supervisor's Name:

Employer Address:  Employer Phone Number:

Job Title:

Dates of Employment From: month/year  To: month/year

Duties:

Reason for leaving:   Currently employed/have not left employment

Any additional information / comments you would like to provide:


I certify the information in this and attachments are true and complete to the best of my knowledge. I understand that false or misleading statements or missing information is cause for rejection of application, removal of my name from the eligible list, or dismissal from the program. I hereby waive my rights to claims or damages any employer and the City of Springfield, its officers, agents, and employees, in regard to this exchange of information concerning my background. I hereby authorize and direct you to permit the City of Springfield and or the Springfield Police Department to review my criminal records and DMV records prior to my acceptance into Volunteer Program with the City of Springfield. I have reviewed the job description and meet the minimum requirements to volunteer in the desired position. I acknowledge that I will be enrolled in the Oregon State driving record Automated Reporting System (ARS) if my duties involve driving on city business. I also authorize to permit any materials listed above to be copied and retained by the City of Springfield and or the Springfield Police Department I authorize the use of my photograph.

I will defend, indemnify and hold harmless the City of Springfield, its officers, employees, and agents from and against all liability or loss and any all claims, actions, cause of actions, proceeding or appeals based upon or arising out of or arising from or in connection with my conduct or performance as a volunteer with the City of Springfield including but not limited damage or injury to persons or property and including without limitation attorney fees and expenses; except for losses, claims, or actions resulting from the sole negligence of the City of Springfield.

Signature

Date:

(If under 18, Parent or Guardian Signature Required)

Last updated 09/25/2014



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Employee: # [ ]

Position: # [ ]

- Application: [ ] Volunteer [ ] Teen Volunteer [ ] Intern [ ] Contracted Labor

To be completed by CANDIDATE - All information is Required

Full Legal Name [ ]

Last

First

Full Middle Name

Physical Address [ ]

City

State

Zip

Preferred Phone / Type [ ]

Secondary Phone / Type [ ]

DOB [ ]

Driver's License # [ ]

State [ ]

Type of Work [ ]

E-Mail [ ]

Department(s) of Interest

- [ ] City Manager's Office [ ] Courts [ ] Development & PW [ ] Finance [ ] Fire & Lift Safety [ ] Safety [ ] Human Resources [ ] Information Technology [ ] Library [ ] Police

Other Language(s) Spoken: Willing to Translate [ ] Yes

- [ ] No [ ] High [ ] Medium [ ] Low

Language 1 [ ] [ ] Speak [ ] Read [ ] Write

INTERNSHIP ONLY

School/Organization [ ]

Sponsor / Contact Name & Phone [ ]

Start Date & End Dates [ ]

Emergency Contacts - Please list in order of preference

Name / Relationship [ ] Name / Relationship [ ] Name / Relationship [ ]

Primary Ph# [ ] Cell [ ] Home [ ] Other [ ] Primary Ph# [ ] Cell [ ] Home [ ] Other [ ] Primary Ph# [ ] Cell [ ] Home [ ] Other [ ]

[ ] [ ] [ ]

Alternative Ph # [ ] Alternative Ph # [ ] Alternative Ph # [ ]

City, State [ ] City, State [ ] City, State [ ]

[ ] By signing, I authorize the City of Springfield to use and/or disclose the above information in the case of an emergency, accident or illness that affects me.

Candidate Signature [ ]

Date: [ ]

To be completed by **FACILITATOR**

Assignment & Department

Facilitator Name

Start & End Dates

Phone Ext:

Staff Approving Time Card

Picture:  Taken & Emailed

Requested Access:  Computer\*

Other

Needed

Time Card

DeptDrive Access/Name:

Email

**\* When computer access is granted, volunteers and interns receive access to the Volunteer Drive and I:Drive**

Notify IT

Name Change  New Badge

On Line Center System Access Requested

Notes:

  

- Facilitator is responsible for ensuring candidate has read and signed the City Policy Acknowledgment page on their first day. Return signed page to Human Resources.
- Facilitator must contact Human Resources at the end of service to update personnel records.
- Facilitator is also responsible for the return of ID Badges to HR.

Route completed form to Volunteer Coordinator c/o Human Resources KarLynn Akins at 4652.